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Medical Record

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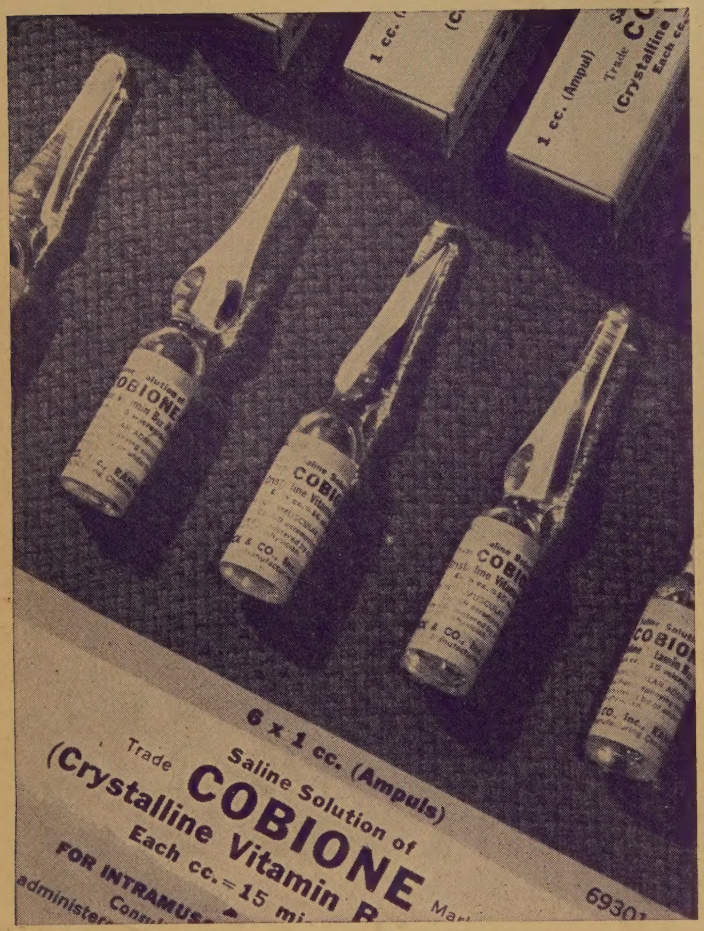
AUGUST, 1949

An Important Advance In The Treatment of Pernicious Anemia



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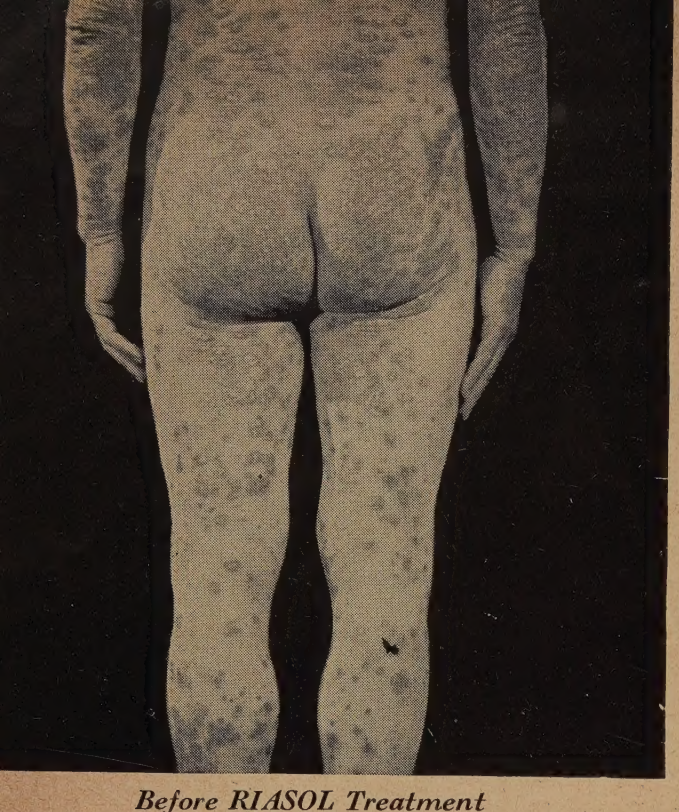
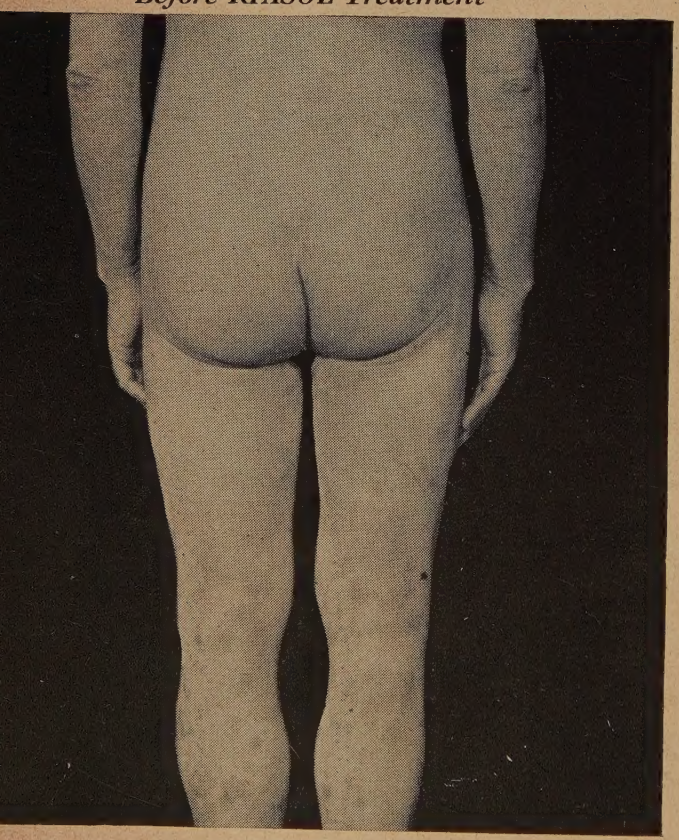


Before RIASOL Treatment



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FORMERLY KNOWN AS THE MEDICAL JOURNAL AND RECORD
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AUGUST, 1949

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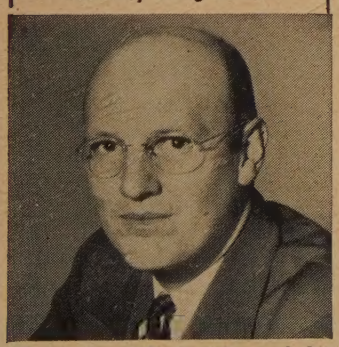

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*"The Menopause", *Medical Times*, Vol. 77, No. 2, Feb. '49

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MEDICAL NEWS

MEDICAL CENTER GIFT

A gift totalling $100,000 from its Medical Center and Education Fund, has been made to the University of Pennsylvania by Lit Brothers, Philadelphia department store, a major portion of which is to be devoted to the development of the University's new Medical Center.

Harold W. Brightman, president of Lit Brothers, in presenting the contribution to Harold E. Stassen, president of the University, said that the fund was created because of the belief of the officials of Lit Brothers that "the most prosperous community is that in which health and education are brought to the highest possible level." This could be accomplished best he said, by giving the most modern medical service to Philadelphians via the Medical Center. Ten million dollars is being sought for the project.

SCHENLEY PRODUCES STREPTOMYCIN

Schenley Laboratories, Inc., are beginning large-scale production and marketing of streptomycin, I. J. Seskis, president, has revealed.

in whooping cough

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Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In 4 oz. original bottles. A teaspoonful every 3 to 4 hrs.

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He also announced price reductions on certain penicillin products.

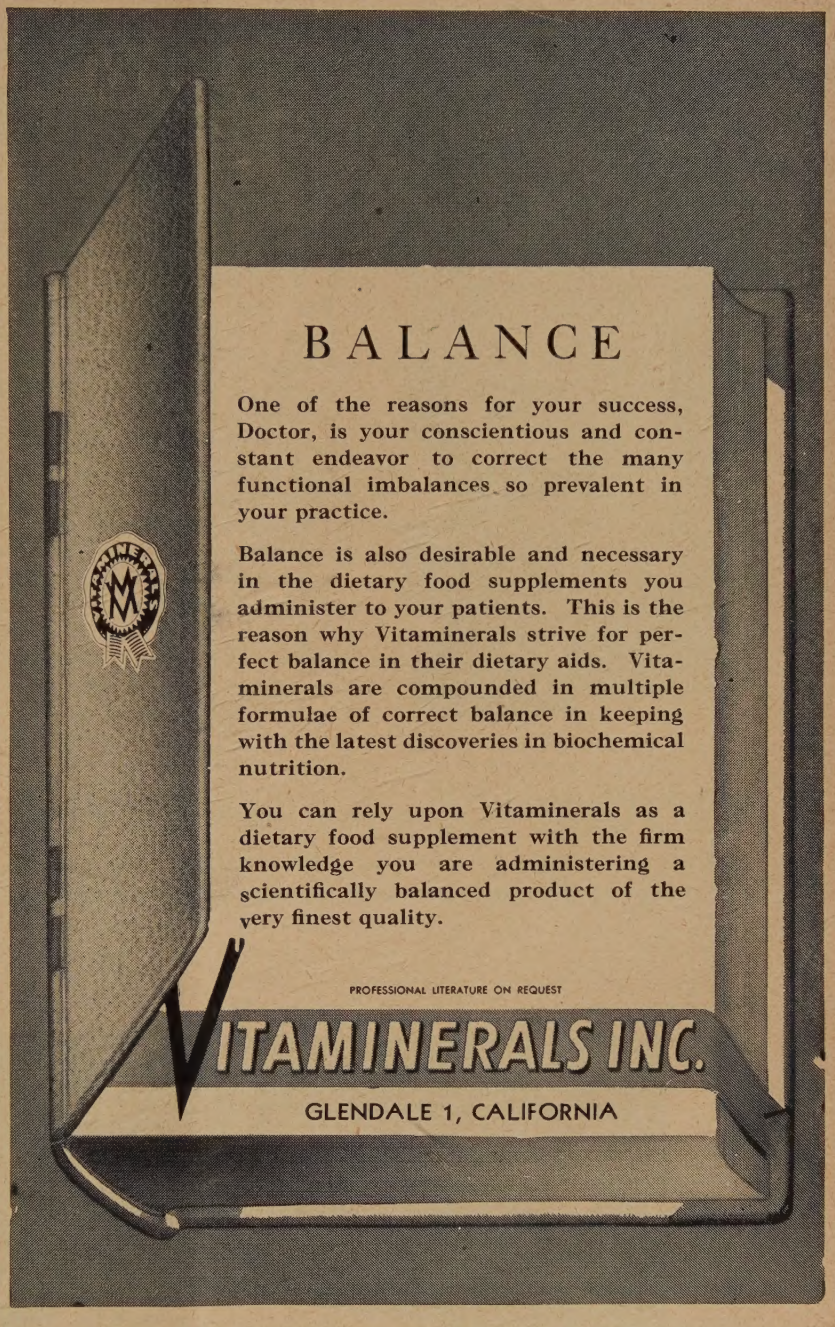
Manufacturing facilities for producing streptomycin are at the Schenley Laboratories plant at Lawrenceburg, Indiana. The product will be marketed through the company's regular wholesale channels.

Increased efficiency and improved production methods have made possible price reductions ranging from ten to twenty-five per cent on three Schenley penicillin products, Seskis said, adding that a total of twenty-two of such reductions since March 15, 1945, has brought the wholesale price to less than one-eighth prevailing then.

The current cut is the third to be put into effect on various penicillin products in the past year. It affects the pure crystalline penicillin, and aquacillin and monocillin, which are special compounds of penicillin designed to prolong the effectiveness of the drug in the body.

AWARD PRESENTED

A memorial award of $100 for an outstanding contribution to psychiatry from a public mental institution was announced in Syracuse recently by Dr. Harry A. Steckel, former director of Syracuse Psychopathic Hospital, and head of a committee to honor the late Dr. Richard H. Hutchings. The award, in memory of Dr. Hutchings, who spent his life in the state hospital field, is from an anonymous donor, Dr. Steckel said, and is presented through Dr. C. Charles Burlingame, psychiatrist-in-chief of the Institute of Living, Hartford, Conn., who is also a member of the Hutchings memorial committee.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Write for your copy of the new 20-page brochure "Menstrual Disorders—Their Significance and Symptomatic Treatment"
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DIABETES DETECTION AND CARE

ANTHONY M. SINDONI, JR., M.D.
Philadelphia, Pa.

Do you know that no living person on earth is exempt from diabetes? It is a disease widely scattered throughout all groups of workers. It affects all ages, even a nine-day-old breast-fed infant having recently been reported with the disease (1). Fortunately, in the latter age, the incidence of diabetes is extremely rare and in children the disease is not so prevalent as it is in adults.

But the disease diabetes is gradually becoming a world health problem, especially when one realizes its increased incidence. This problem becomes more apparent in our own country where statistical observation reveals that the maximum total population in the United States will be reached in 1985, 22 per cent greater than that of 1940, whereas the diabetic population will increase by 74 per cent during the same period (2).

When such a disease is complicated by an equally devastating disease such as premature hardening of the arteries or arteriosclerosis the picture becomes darker. Yes, to a measurable degree, insulin has conquered coma and increased the life expectancy of the diabetic, but our circulatory complications are graver—affecting the usefulness of man either partially or completely and, at times, taking his life. These blood vessel complications or arteriosclerosis affect the most vital parts of the diabetic's body—his eyes, causing partial or complete blindness; his heart or coronary arteries, causing impairment of his physical activities; and finally his legs, which are frequently the site of degeneration of the arteries, from a mild to an extreme degree, and often resulting in gangrene of one or both legs (3). Thus one can readily form a mental picture of how arteriosclerosis or blood vessel complication of diabetes causes invalidism as well as increases the mortality rate.

This problem of degeneration becomes more serious when one realizes that as many as two-thirds of the deaths among diabetics today are caused by premature degeneration of the circulatory system and that its incidence in youth is ten times as common in the diabetic as it is in the non-diabetic. This fact is very alarming because the true or exact knowledge of the cause is lacking.

Yes, diabetes is alarming when these thoughts crowd the mind of those individuals with a family history of the disease, or when the disease is discovered in a person who had no knowledge of having had the disease. This evidence was revealed by the studies of Blotner and Major R. Hyde in the examination of the selectees. They found that 78 per cent of the discovered diabetics had no knowledge of having had the disease. But in reality it becomes more dangerous in those persons with no thought of having the condition but acquire a complication—as cataract, retinitis or retinal hemorrhage which causes partial to complete blindness, gangrene or even coma as the first sign of the onset of the disease. It is these latter cases we fear the most, because here the disease has advanced far before it has been discovered.

The problem that concerns many persons is this: What are the chances of the non-diabetic's developing the disease? On the bases of Spiegelman's and Mark's (2) investigation, they claim at least 3,873,000 persons of those in the population of 1940 may eventually become diabetic. In this group there will be 35.5 per cent males and 64.5 per cent females. Thus, over 4 per cent of the female and over 2 per cent of the male population under fifty years of age are likely to develop diabetes. There are probably a million or more persons in this country who are diabetics without knowing it. How many in this group will have the first warning of the disease by gangrene, cataract or blindness, coronary disease or even by coma?

The general public needs much health education to help discover the million or more persons who are unaware of their condition—diabetes—and to combat this prevalent menace. Thus it becomes the duty of every physician to enlighten the public on diabetes, by cooperating with the American Diabetes Association's Detection Drive (1) to discover the unknown diabetic, (2) to get the best treatment for all diabetics, (3) to find better methods of treatment and to solve the problem of premature aging in diabetes by studying and researching into the mechanism and action of insulin and into the cause of premature arteriosclerosis, (4) and to try to prevent diabetes. A study of those individuals who are overweight, especially in the middle-aged persons, with a history of gall-bladder disease, or a family history of diabetes should be most thorough.

In the drive to discover diabetes it is advisable to subject the patient to a laboratory examination every year. The tests should be made frequently during any illness, especially if the patient has a diabetic relative or a history of gall-bladder or coronary disease.

If the urine sugar is positive a blood sugar test should be made. Here the time interval plays a

Chief of the Department of Metabolism, Philadelphia General and St. Joseph's Hospitals; Chairman of the Advisory Committee on Diabetes to the Director of the Department of Public Health, Philadelphia; Chief of the Diseases of Metabolism, St. Francis Hospital, Wilmington, Delaware.

part because a fasting blood sugar may be normal in the mild diabetic and the condition overlooked. It is therefore advisable that all blood sugar tests should be made from 1 to 3 hours after a liberal carbohydrate meal. The micro-blood sugar screening tests, as advocated by the Diabetic Association, may be made on examinees with positive urine tests or, if feasible, on all applicants for screening. The Diabetic Association will supply special forms at cost, $.52 per pad of 100, which cover the medico-legal aspect of written permission to make the tests and to mail the reports to outside agencies. The Diabetic Association will also supply a pamphlet containing instructions on how to help the physician treat the diabetic as well as a magazine for the public on how to help the physician treat the diabetic. For detailed description of the steps in organizing and running a Diabetes Detection Center, contact the American Diabetes Association, 81 Bay State Road, Boston 15, Massachusetts.

If the disease is discovered, the best way to combat it is to establish diabetic clinics with adequate facilities. These clinics should include nurses well trained in diabetic care, dietitians, a laboratory for blood and urine examinations, and one or more doctors who not only know diabetes, but understand the diabetic's condition and temperament. Such diabetic clinics should also have a social service worker or a visiting nurse, to visit the patient's home and help correct home problems for the diabetic, the preparation of food, insulin injection, body care and other essential details. Such diabetic clinics should also have weekly or monthly classes to discuss problems of diabetes with the patients—new advances in treatment, or advice as to what type of work a patient is best fitted for, problems the patient would like to discuss. At the same time the diabetic, meeting other patients with the same condition at the clinic, is apt to be inspired and encouraged. With the passing of time the diabetic is acquiring skillful care, giving him much confidence and a better outlook in life.

Diabetes under proper treatment is controlled more easily than cancer or heart disease. Diabetes raises three vital problems: (1) prevention, (2) increasing the span of life in the diabetic, and (3) preserving the power of the diabetic to work.

Prevention of diabetes means educating the public about factors which lead to diabetes—overweight, a diabetic background, gall-bladder and liver disturbances, and overeating.

Thanks to insulin and other modern care the diabetic of today can be "reconditioned" and returned to work. With little effort he can live the normal span of life and be a useful citizen. He should have no fear of revealing his condition. Today we emphatically place the diabetic in the ranks of productive workers (4).

REFERENCES

1. Guest, G. M.: American Pediatric Society, meet. 5/13–15/'47; through *Amer. J. Dis. Child*, 75:461–464, March 1948.
2. Spiegelman, M. and Marks, H. H.: Age and Sex Variations of the Prevalence and Onset of Diabetes Mellitus, *Amer. Jour. Public Health*, vol. 36 (January 1946), 26–33.
3. Sindoni, Jr., A.: The Diabetic Handbook, How to Work with Your Doctor. The Ronald Press, New York, 1948.
4. Sindoni, Jr., A.: War Work for Diabetics, *Hygeia, the Health Magazine*, July 1942.

1315 Pine Street

PERSONALS

Dr. John F. Fulton, Sterling Professor of Physiology and Chairman of the Advisory Board of the Historical Library of the Yale University School of Medicine, has just been named a member of the Life of Science Library Advisory Board.

The Library, a planned series of books on the history of science, was originated to give the derivations of scientific ideas in relation to the broad history of human culture.

Dr. Fulton has made outstanding contributions to psychological research and the literature and bibliography of science

Funeral services were held recently for *Dr. James T. Dolan* of New York. Dr. Dolan was a veterinarian who had been associated with the Lederle Laboratories Division, American Cyanamid, for 28 years prior to his retirement last summer.

He worked for the government at Lederle for several years. He was in charge of hog cholera serum at Lederle until 1942. He also carried on other work in the Animal Industry Section and worked on pneumonia serum.

The appointments of *Dr. Geoffrey W. Rake* as Medical Director and of *Dr. Asger F. Langlykke* as Director of Research and Development Laboratories have been announced by Carleton H. Palmer, Chairman of the Board of E. R. Squibb & Sons, 745 Fifth Avenue, New York 22, New York.

Dr. Rake has been with Squibb since 1937, directing research in microbiology. He is particularly well-known for his work in bacterial and viral diseases and the chemotherapy of those diseases.

Dr. Langlykke is known for his many publications in the field of chemistry and mechanism fer-

mentation. He will maintain, in his new position, his direction of the Division of Microbiology in the Squibb Research and Development Laboratories.

Dr. Rake has also been appointed Director of the Squibb Institute for Medical Research, the Squibb scientific society. He will supervise Squibb fellowships and grants, publication of papers in scientific journals, the conduct of seminars and the Squibb library.

Joseph L. Ciminera, Pharmaceutical Research, has been appointed to the newly created position of Research Biometrician, it was announced by Dr. L. Earle Arnow, Medical Research Director, Sharp & Dohme, Inc., 640 N. Broad Street, Philadelphia, Pennsylvania.

In his new position, Mr. Ciminera will cooperate with other departments of the company in analyzing biological data statistically. He will also design experiments and procedures so that statistical evaluation of the results obtained may be made readily.

Holding a B.S. in Pharmacy from the Philadelphia College of Pharmacy and Science, Mr. Ciminera has also done graduate work in Spectroscopy at the Drexel Institute of Technology.

He has been associated with Sharp & Dohme since 1938.

Dr. Rustin McIntosh, director of the Pediatric Service, Presbyterian Hospital, has been elected 1949 chairman of the American Council on Rheumatic Fever of the American Heart Association, Dr. H. M. Marvin, outgoing chairman of the council has announced. Dr. McIntosh is Carpentier Professor of Pediatrics at the College of Physicians and Surgeons, Columbia University. The council was created in 1944 to correlate voluntary and government agencies concerned with rheumatic fever and heart disease.

Dr. Maurice A. Roe has been appointed regional medical director for the Public Health Service in region eight of the Federal Security Agency, Surgeon General Leonard A. Scheele has announced. A specialist in malaria control, Dr. Roe has been chief of medical services of the P. H. S. Dallas district office since July. Dr. Roe succeeds *Dr. Knox E. Miller* who has been assigned to the city health department in Milwaukee, Wis. In his new post, Dr. Miller will direct a public health survey.

NEW PRODUCTS

LONG-ACTING ANTIHISTAMINIC

Chlorothen, Whittier, a new antihistaminic drug providing long-acting relief from allergic symptoms, is announced by Whittier Laboratories, Division Nutrition Research Laboratories, 4210 Peterson Avenue, Chicago 30, Illinois. Prolonged action of the drug gives protection to the hay-fever sufferer in particular. One Chlorothen tablet of 25 milligrams gives relief from allergic symptoms for an average period of six hours or more, permitting administration at longer intervals with comfort to the patient throughout the hay-fever season.

Chlorothen, Whittier, is effective in seasonal hay fever, vasomotor rhinitis, urticaria, angioneurotic edema.

Side effects are usually mild, when they do occur; a few patients may experience drowsiness or dizziness. Adjustment of dosage and the administration of mild stimulants customarily will counteract these effects.

RESPIRATORY METER

For respiratory tests and the evaluation of patients who are candidates for operations within the chest, American Meter Company, 60 East 42nd Street, New York 17, New York, has announced modified portable test meter AS8-5/150.

Force required to operate this meter, either pressure or vacuum, is only a fraction of an ounce per square inch, and so it is ideally suited for this purpose.

Meter is equipped with synthetic molded diaphragms, hand hole cover, handle liter dial and a special hose nozzle on the inlet for connecting to a suitable high velocity valve by means of rubber tubing.

Large dial pointer makes one revolution per liter, and the index reads from .01 to 1000 liters.

Meter is painted white, and the fittings chromium plated.

ORAL MERCUHYDRIN

Tablets Mercuhydrin with Ascorbic Acid are now available to clinicians according to an announcement by Lakeside Laboratories, Inc., Milwaukee 1, Wisconsin.

New tablets add the convenience of the oral route to the proven clinical effectiveness of Mercuhydrin for control of edema. Ascorbic Acid has been demonstrated to increase tolerance to, and potentiate the action of mercurials.

Mercuhydrin with Ascorbic Acid may be used alone for maintenance therapy but generally will serve best as a supplement to parenteral administration. With parenteral administration, the new oral Mercuhydrin permits reduction in the number of injections and longer intervals between treatments.

BOOK REVIEWS

Business Side of Practice

The Business Side of Medical Practice. Provides physicians with information of a practical nature and inspires greater interest in medical organization. By THEODORE WIPRUD, Executive Director and Secretary of the Medical Society of the District of Columbia: W. B. Saunders Co., Philadelphia and London, 1949. 217 pages and index.

After a decade this second edition of a very good book appears. By the time the doctor admits he requires the guidance given in this most excellent and lucid text, it is too late for him to do much about it. The period when the doctor requires a business education is prior to thinking of entering medical school! Yes, by the time the young man or young woman has decided to make medicine a career, it is already too late to teach him the business side of the science.

But Mr. Wiprud does a job in this text. He retains some material from the earlier edition. He has failed to give the down to earth dope on G.I. benefits. And all of the business of medicine of *NOW* and the future is tinctured by the G.I. bill of rights and the ex-G.I. in medicine. Also the index gives no listing of the Veterans Administration—the VA—of our day. Too bad, for here again—the business of medical practice is dominated by government and governmental agencies.

True enough the author may defend his stand—for the regulations change hour to hour—or so it appears—yet some mention should have been offered.

Somehow, this review is more adversely critical than the text demands or deserves. But the two omissions given detract from an otherwise excellent presentation.

Blood Transfusion

Blood Transfusion. Detailed information on procedures necessary in modern transfusion, patients receiving transfusions and supervision of transfusion services. By ELMER L. DEGOWIN, M.D., Associate Professor of Internal Medicine, State University of Iowa; ROBERT C. HARDEN, M.D., Assistant Professor of Internal Medicine, State University of Iowa; JOHN B. ALSEVER, M.D., Senior Surgeon, United States Public Health Service: W. B. Saunders Co., Philadelphia and London, 1949. 540 pages and index.

Since the first blood bank in the United States was established in 1937 there has been a great increase in the therapeutic use of blood and its derivatives. Consequently there has been a steady growth in the number of blood banks. Transfusion services have been developed by the trial and error method until the recent War when the Federal Government encouraged the establishment of blood banks as a measure for national defense. The purpose of this volume is to cover the entire field of blood transfusion rather than to limit it to the scope of either whole blood or plasma. The authors are all internists with a clinical background of transfusion experience. They not only have revealed the clinical, immunological, technical and the actual transfusion aspects but have injected their own experiments at every step of this great therapeutic procedure. In addition, they have summarized 10,000 papers on the subject. The book is invaluable to all members of the profession who must of necessity resort to blood transfusions in their practice.

Lung Dust Lesions

Lung Dust Lesions versus Tuberculosis. Challenges some existing ideas on the subject and advances some new ones. By LEWIS GREGORY COLE, M.D., F.A.C.R. Published by American Medical Films, Inc., 8 Church St., White Plains, New York, 1948. 459 pages including a bibliography, plus an index. Price $10.00.

Dr. Cole's interest in X-ray examinations began soon after his graduation from the College of P. & S. (N.Y.) in 1898. While serving as an interne in Roosevelt Hospital, he wished to check against the physical findings set down on the patients' charts. He was skeptical and expected to show that it served no very useful purpose, since the stethoscope was the time-honored testing tool. Fortunately, his interest in pathology led him to study lung tissues *after death* as well as before, and it is this fact which made this very valuable book possible. As for pneumoconiosis, he had an enthusiastic son who went out to the mines with a portable machine and persuaded miners to allow chest photography. This was a revolutionary idea and it worked. It must have been heart-breaking to lose this son by death (cause unmentioned) just about the time the manuscript went to the printer! William Gregory Cole died too soon, for medical science has too few of his kind.

The chapter dealing with the history of X-ray of the chest is replete with interest, chiefly because of the "skepticism, opposition and antagonism" which prevailed only as far back as 1917! In that year the first extensive survey of the men of the old 12th Regiment and the old 69th was made. It was rejected by the Surgeon General's office, for what reasons we are not told. However, Dr. Lawrason Brown of Saranac had already accepted *classifications* of roentgenological studies of the chest in an article written by him some time between 1907 and 1910. In these days of roentgen indispensability, it is incredible that anyone could ever have denied

the enormous value of X-ray studies of the chest. Dr. Cole has followed through (after studying X-rays in life) to the autopsy table and has made microscopic and photomicrographic slides, the techniques for which he describes fully. No one has ever done or will do a more thorough, detailed and conclusive piece of scientific work. The author even suggests a "method of approach" in the use of his *chef d'oeuvre* so that "the casual reader" may be readily instructed and have a comprehensive understanding of those lung lesions which are *not* caused by Koch's bacillus—the "dusty lungs" to use his phrase. This is a remarkable book.

Surgical Infections

Clinical Aspects and Treatment of Surgical Infections. FRANK LAMONT MELENEY, M.D., F.A.C.S., Associate Professor of Clinical Surgery, College of Physicians and Surgeons, Columbia University, Associate Visiting Surgeon, Presbyterian Hospital, New York City. With a Foreword by ALLEN O. WHIPPLE, M.D., with 282 Illustrations, 840 pages. Philadelphia and London: W. B. Saunders Company, 1949.

Meleney is both a bacteriologist and a surgeon who has had vast experience in China and in this country. Dr. Whipple, Emeritus Surgeon to the Presbyterian Hospital and College of Physicians and Surgeons, states in his preface that the volume contributes not only to the bacteriology of infections but also "illustrates the significance of infections in different systems, organs, and tissues by amazingly clear . . . case presentation,—a mine of diagnostic and therapeutic interest." It is quite true that this is no mere compilation, but is based on actual experience of the author himself and of his associates . . . Advances in chemotherapy and antibiotics were so rapid that the book was held back from publication until the maze of information could be classified and correlated. This is a companion volume to a *Treatise on Surgical Infections* which was published by Meleney in July 1948 through the Oxford Press. That study related more particularly the entrance, establishment and spread of bacteria in the body, and the efforts of the body to throw out the intruder. For many years following the great work of Pasteur, bacteriology and surgery worked together to establish *asepsis*. This was the era of exclusively white operating rooms, gowns and equipment to avoid every "appearance of dirt." The dangerous dirt, however, was microscopic, and every effort was made to avoid contamination of the patient's body and wounds, no matter what infection was present, its kind or nature. This is still, of course, the ruling procedure, but it has long been known that a sterile wound is almost never devoid of some bacteria, no matter how careful the technique. Surgical cleanliness includes both asepsis and antisepsis, but the latter came first chronologically. Many antiseptics destroy bacteria both outside and inside the body; the trouble is that they also destroy normal body cells, and may retard a healing wound because of this very antibacterial potency. When the sulfas first came into use they were hailed as the *sterilisans magna*. Soon, however, "reactions" from an adequate dose or an overdose became troublesome. Moreover, not all bacteria were destroyed or made innocuous even when applied locally, systematically and synchronously. It was then discovered that the difference lay in the response to staining—whether the organisms were Gram-positive or Gram-negative. Thus it was possible to manipulate the remedies so that the correct one could be used in a given case. The same was found to be true of the antibiotics when they first burst upon the medical horizon. Penicillin seems to have been the first to show its prowess, but there was no end of trouble in setting up its purification, and for many months the quantity which could be produced was so small that only the military could get it, and there was short supply even so. There is no question that these new agents have revolutionized treatment of infections of all kinds, and have altered previously well-established surgical principles. In days gone by, infection in certain areas of the body always called for immediate and uncompromising surgical "interference." Now there may be some question whether the patient will not "get well without operation" under the antibiotics or chemotherapy, used singly or combined. Nevertheless, so-called "surgical masking" may take place in which practically all symptoms and signs disappear under medical management, only to light up again as soon as such treatment is discontinued or diminished in potency. But now that these facts are well known, it is still quite possible to state that surgery comes first, supplemented by this new "needle therapy." Experience must prove to be the only reliable guide as it has always been in matters medical.

But to return to the contents of Dr. Meleney's excellent treatise, he begins with infections of the skin and "subskin," goes to infections of the head and neck, carries on to the heart and pericardium, and proceeds to the lungs and pleurae.

Chapter VI on surgical infections of the peritoneum was written by a "former resident of P. H.," namely, Dr. Harold Harvey. Then come chapters on the liver, pancreas, gall bladder and the rest of the gastrointestinal system. The genital and urinary tracts are sandwiched in before the descriptions of infections in bones, joints and "the hand." Only a single chapter (XV) is given to "the lower extremity;" the next one deals with infections of the nervous system, that is in the brain and spinal cord, with some special reference to tetanus. Chapter XVII, less than 20 pages, discusses surgical septicemia, and includes "bacteriophage." The book closes with 20 pages devoted to war surgery by Drs. Longacre and Sandusky.

The value of this book is to be found in its extremely practical clinical value. One can say, "I have a case of deep infection of the neck, let's see what Meleney knows about it." Well, the reader will find several case histories which recite in sufficient detail the record of a patient's infection from diagnosis to complete healing. Much of the space is devoted to management, which is precisely what the clinician wishes to know. Most of the illustrations are in black and white save the frontispiece. More colored plates would be welcome, but in these days of high cost, the expense might well be prohibitive. On the whole this piece of

bookmaking upholds the expected standard of books from the Saunders Press.

Chronic Ill-Health

Chronic Ill-Health. This book deals with cases of the eyes and nose which have caused long standing ill-health, and have been relieved by drainage of the para-nasal sinuses. By ROSA FORD M.B. (Lond.), D.O. (Oxon.), HENRY KIMPTON, 25 Bloomsbury Way, W.C.I., London, 1948. 103 pages including index and illustrations.

The author approaches the problem from an oculist's viewpoint because of eye symptoms directly traceable to sinusitis. She tried many methods, including sinus operations, the Proetz displacement etc., but found them unavailing. Latent unsuspected sinusitis is stressed as a cause for chronic illness—rheumatoid arthritis, disseminated sclerosis, duodenal ulcer, coronary thrombosis, vertigo and acne. These secondary foci of infection may persist long after the primary sinusitis is abated or cured. This calls for a wide knowledge of medicine including the most meticulous "physical" and laboratory tests.

"Suitable intra-nasal remedies, frequently reapplied, gradually induce continued discharge, followed by subsidence of inflammation in the sinuses . . ." Local methods are four: 1. inhalation of Friar's Balsam for 10 to 15 minutes once daily; 2. Equal parts of glycerine and normal saline, one drop instilled into each nostril while recumbent, as often as necessary. This stimulates secretion; 3. Small swabs of "cotton wool" soaked in hydrogen peroxide (10 vols.) are packed into the middle meati each morning and left for 20 minutes; 4. Aloes internally (pulv. aloes. barb. gr. ¾ in pill form) given one to three times daily regardless of constipation, letting up if diarrhoea supervenes. The object is to increase nasal secretions; 5. If all of these fail, antrostomy is to be performed "on both sides". Four cases are detailed in which this management was successful in relieving certain symptoms of headache and visual disturbances.

The entire plan seems to be one of catharsis, both in the nose and gastrointestinal tract, in the hope of removing the products of infection mechanically. Nothing is said concerning the antibiotics or antibacterial medication in general. In spite of the author's enthusiasm, is it doubtful if her plan will have many followers. Nevertheless, she may "have something."

Hemostatic Agents

Hemostatic Agents. Based on developments during the past few years, this monograph is intended to cover the subject—coagulants and their clinical utility, in a manner which will serve to expand the usefulness of new materials. By WALTER H. SEEGERS, M.S., Ph.D., and ELWOOD A. SHARP, M.D., Sc.D. Charles C Thomas, publisher, Springfield, Illinois, 1948. 96 pages plus references and index. Price $4.75.

This monograph is based on developments in this field of work during the past few years. It is intended to cover the subject in a manner which will serve to evaluate, consolidate and expand the usefulness of these materials. The developmental work presented many formidable problems in research, manufacturing and even in clinical application. These problems are not all solved and owing to their scope it would be hazardous to predict such an end result. The history of hemostasis shows that the old technics have been modified, improved, and supplemented; consequently it should be anticipated that the new materials are not a substitute for what has proved to be valuable.

What is many times in fact developmental work is often confused with fundamental research. The new products discussed in this monograph of necessity had to be developed from their origin in fundamental work and the latter contributed to our recent views on a variety of topics, particularly the blood coagulation mechanisms. For that reason the author attempted to enter a summary of this mechanism so that it might serve a useful purpose in consolidating scattered information and as orientation for the successful use of modern hemostatic agents in surgical practice. Fundamental work creates new materials and an understanding of the fundamental concepts is a prerequisite to intelligent use of those same materials.

Thyrotoxicosis

The Clinical Picture of Thyrotoxicosis. The clinical picture is drawn from actual cases, and usually followed long enough to estimate the final result of treatment. Would be of help to general practitioner and specialist. By PETER MCEWAN, F.R.C.S. (Edin.), Honorary Consulting Surgeon to the Bradford Royal Infirmary: Oliver & Boyd, Edinburgh and London, 1948. 123 pages and index.

Thyrotoxicosis is a rather common ailment met with in the course of one's practice, and within recent years not very much has been written on this subject. For this reason Dr. McEwan's little book is particularly welcome. This book presents the clinical picture of thyrotoxicosis both in its common forms and its rarer types. It has a concise discussion of the diagnosis and differential diagnosis. The natural history of the disease also receives thorough attention. Operative and medical treatments are discussed. The rate of convalescence after operation and the retarding factors are discussed and illustrated by case histories. The value of thiouracil and its place in treatment, and of surgical treatment, with its risks, failures and limitations receive treatment. This book is intended primarily for the general practitioner, but the surgeon will also find this a very useful and interesting book.

Rheumatic Fever

Rheumatic Fever. This book relates information which will be helpful to parents in giving them a clearer understanding of what they, as parents, may do to help their child recover from rheumatic fever. By SABRA S. SADLER, R.N., B.S., Assistant Professor of Public Health Nursing, the Medical College of Nursing: J. B. Lippincott Co., publisher, 1949. 144 pages including 204 illustrations, plus an index. Price $3.50.

When Mrs. Sadler joined the staff of the Crippled Children's Bureau of the Virginia State Health Department as special Rheumatic Fever Nurse on the newly initiated Rheumatic Fever Program in 1941, she came with a solid background of bedside and public health nursing experience and with an unbounded enthusiasm for her work. This enthusiasm has remained undiminished through the

ensuing years. Her constant quest for knowledge is paralleled only by her eagerness to impart this knowledge to others.

As the scope of her consultant and administrative duties has broadened, she has managed to maintain a strong and constant contact with the patient, his family and his nurse.

This book is the outcome of her research and study and is based on her own practical experience. She has the personality to visit the home of a rheumatic fever patient where chaos, insecurity and uncertainty exist, and to leave behind her a sense of order and security and oftentimes an increased confidence in the attending physician on the part of the patient and his family as well. That feeling has been inculcated in the book for parents responsible for some child with rheumatic fever.

Rockefeller Institute

Studies from the Rockefeller Institute for Medical Research. The Studies appear serially but at irregular intervals. The name, date, volume, number and pages of the journal in which each article originally appeared are printed above the title. Reprints, Volume 136: The Rockefeller Institute of Medical Research 1948. 594 pages including illustrations and index.

It is impossible to review a text of this character and of some 600 pages reprinting individual studies ranging from chemistry through plant pathology, but the medicine of the future practitioner is being decided right now in these and similar studies. Take the title *The Preparation and Stability of Fatty Acid Free Polyoxyethylene Sorbitan and Monoleate ("Tween" 80).* Any physician in general practice has the right to skip this one. The words themselves are strange. But, doctors, this is the type of work leading to ultimate eradication of tuberculosis and possibly leprosy and other ailments caused or accompanied by parasites having a capsule of one kind or another subject to emulsification. This work is far from the original studies with another emulsifier, but the non-ionic acting surface agency of the "Tween" offers more than the anionic surface acting triethanolamine of a decade ago.

This example must serve—readers should keep abreast of the experimental work of this great institution. Its investigations are reported in many journals and periodicals.

Adolescence Problems

Adolescence Problems. Covers problems young people have brought to the attention of the author, in his forty years experience of dealing with adolescents. It also represents the consensus of the up-to-date opinion of both psychiatrists and educators. By WILLIAM S. SADLER, M.D., F.A.P.A., Consulting Psychiatrist, Columbus Hospital: The C. V. Mosby Co., St. Louis, 1948. 437 pages, plus references and index. Price $4.75.

The management of the teen-age group is a trying experience for parents, teachers and physicians. At times they must be brought to the attention of the psychiatrist. The purpose of this book is to unravel the problems of adolescence from the standpoint of a psychiatrist who has dealt with problem homes and problem teachers. The discussion is undertaken in terms of the psychological and emotional life, the home and family life, the education and school life, the social and economic adjustments, and sexual and moral adjustments and, finally the veritable abnormalities of adolescence. The book is clearly written in non-technical terminology and readily amenable to parents and physicians seeking ways out of the many difficulties that arise in the course of maturation.

Thyroid Disease

Practical Aspects of Thyroid Disease. This volume is designed to present the picture of diseases of the thyroid gland in such a way that medically trained readers may emerge with better understanding of the aims of surgeons, and surgically trained readers may better understand what the internist and radiologist are able to accomplish. By GEORGE CRILE, JR., M.D., F.A.C.S., Department of Surgery, Cleveland Clinic: W. B. Saunders Co., 1949. 333 pages plus index. Price $6.00.

The Crile Clinic in Cleveland has long been famous for its studies and treatment of the thyroid gland. Dr. George Crile, Sr. and Dr. R. S. Dinsmore have records of some 25,000 thyroidectomies which seem not to have been "summarized." Dr. Crile, Jr., working in the same groove, has not gone into statistics of other workers, but has analyzed 1,000 cases of his own treated surgically. Several hundred patients were treated medically, not surgically, with antithyroid drugs in the Endocrinology section of the Clinic under Dr. E. Perry McCullagh. An attempt, therefore, is made here to evaluate all that is now known concerning the thyroid and its management, and the thought is stressed that both the internist and the surgeon must co-operate to an extent where each will know much of the other's methods and results. The hope is ventured that "In the not too distant future it is quite possible . . . radioactive iodine will be called upon to play an ever-increasing part in the treatment of diseases of the thyroid gland." That is certainly a *bon mot* coming as it does from a highly-skilled and experienced surgeon. The matter is still *sub judice* where life or death are not to be weighed too closely to strike a balance, suffice it to say that any discrete adenoma suspected of being malignant should be submitted to early and thorough surgery. Temporizing in such an instance is to commit a sin of omission which may shorten or even cost a life . . . The question of irradiation (radium or x-ray) is always coming up—Crile thinks that a primary regression or even control of papillary carcinoma of the thyroid is seldom achieved. Usually these are slow-growing tumors, seemingly radiosensitive, and, therefore, not "dangerous" in the ordinary sense. But, confronted by a massive papillary invasive tumor of the thyroid, the best possible surgical excision obtainable should be done, followed by intensive roentgen therapy. For the occasional surgeon, or non-surgeon, Chapter 9 describing roentgentherapy and radioactive iodine for hypothyroidism will prove of especial interest. This relatively small volume has much to recommend it for general reading.

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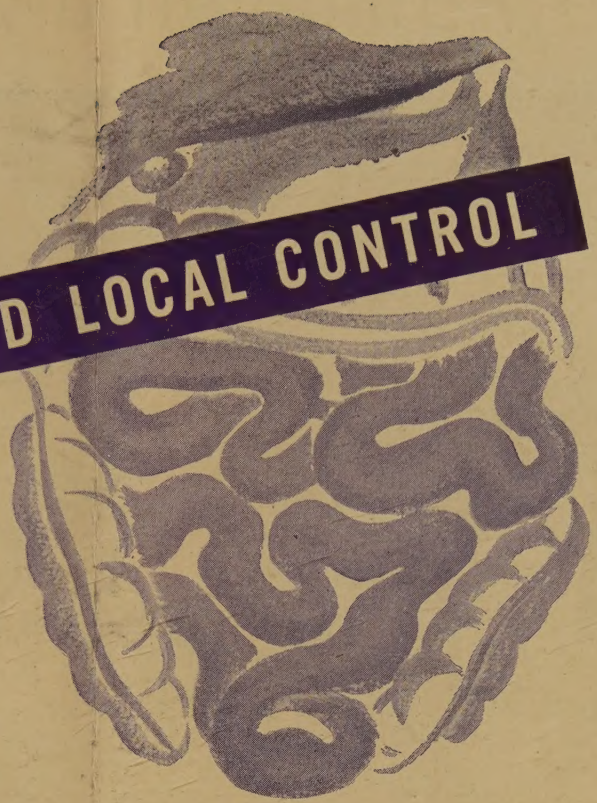

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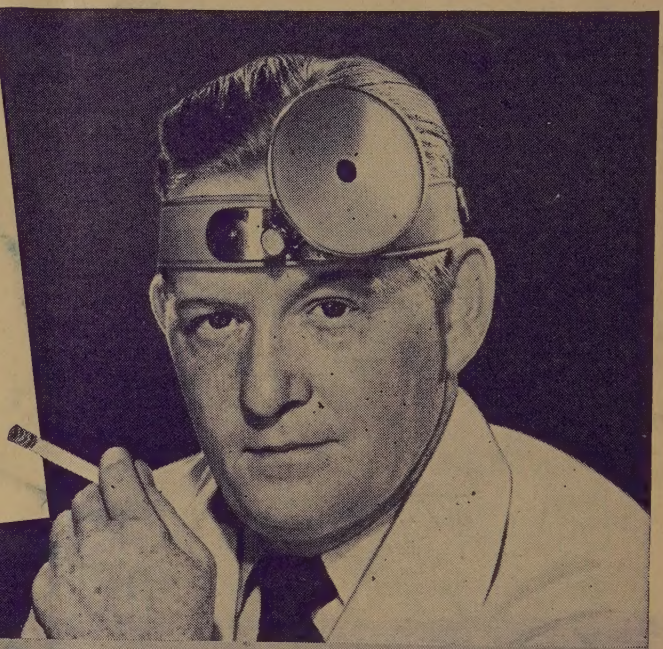

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